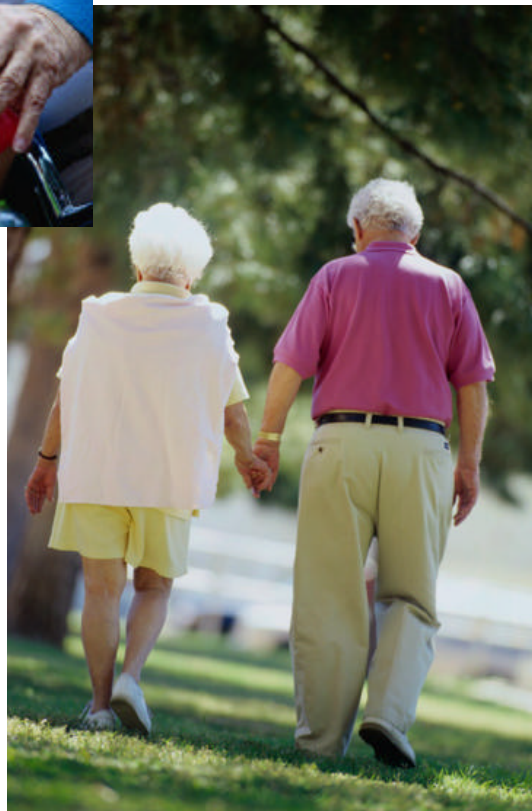


# Offering Choices For Independence



**Annual Report of the  
Utah State Division of  
Aging and Adult  
Services  
December 2000**

# 2000 ANNUAL REPORT

## Utah State Division of Aging and Adult Services

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## **INTRODUCTION**

### **Older Americans Act**

The Older Americans Act (OAA) was passed by Congress in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the Older Americans Act, as amended through 2000, has provided funding and leadership which has resulted in the establishment of a unique nationwide network of federal, state, and local governments serving the diverse needs of America's seniors. The Act can be viewed as a work in progress that has been amended on several occasions to address the changing needs of the older Americans.

The first Older Americans Act established the Administration on Aging in the Federal Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging.

Amendments passed in 1969 established the National Older Americans Volunteer Program which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the Act was amended as a result of a series of nutritional research and demonstration projects, creating a permanent nationwide nutrition program for the elderly. Amendments to the Act in 1973 required the states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently there are 655 such agencies in the United States which plan and coordinate services and opportunities for older persons on a regional basis, 12 of which are found in Utah.

Other amendments passed in the 1970's established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980's, enacted amendments required the Area Agencies on Aging to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian Programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2000 and further enhanced and enriched the Act. The Act includes a new program, National Family Caregiver Support Program, designed to assist caregivers of frail elder adults. The bill clarified the ability of Area Agencies on Aging to provide case management and information and referral services. The states must now assure that special needs of older individuals residing in rural areas will be taken into consideration and must describe how funds will be allocated to meet those needs. The Pension Counseling Program, formerly a demonstration project, was made a permanent program. Also, the bill requires the Administration on Aging to develop, in collaboration with the aging network, a set of performance outcome measures for planning, managing and evaluating activities. The measures must be in place by December 31, 2001.

## **Utah's Aging and Adult Services Program**

The Division of Aging and Adult Services was created as Utah's State Unit on Aging in accordance with the Older Americans Act. By Utah statute (62A-3-104) the Division was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local Area Agencies on Aging have been designated to cover all geographic regions of the state and are charged with the responsibility of providing a comprehensive array of services and advocacy for the needs of seniors residing in their areas.

In 1986, the Division was given the administrative authority for Adult Protective Services, a program to protect seniors from abuse, neglect, or exploitation. Adult Protective Services workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff located in a statewide system of offices, and working in cooperation with local law enforcement, investigate cases involving seniors and disabled adults.

The Division has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

## **Vision Statement**

### **Offering Choices For Independence**

**The mission of the Division of Aging and Adult Services is to:**

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the State that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

## **Guiding Principles**

The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities which need to be recognized and utilized. The Division has an advocacy responsibility for insuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain service in the least restrictive environment, most cost-effective manner, and most respectful way.

## ISSUES AND CHALLENGES

Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U.S. Census Bureau predicts that the senior population in the U.S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030, for an increase of 165% from the year 2000.

**Growth:** It is a well-known fact that Utah and the nation are aging. Utah has the seventh most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the "baby boomer" cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services that are currently being provided to Utah's older citizens. There is a need to invest in planning and designing better ways to serve larger populations in the public and private sector, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 60.

**Health Care:** Health care is the most significant issue facing our senior citizens. The number of seniors who are 85 years old and older is growing rapidly and is expected to number 43,566 individuals by 2030. This is a 123% increase in 85+ population for the current year. A majority of these individuals have chronic illnesses and disabilities which affect their daily activities. As seniors become more frail, they require more intensive services. The national prediction is that the number of seniors needing assistance with basic tasks will double between 1990 and 2030. More options should be available to these individuals to enable them to remain in their homes and communities. Medicaid and Medicare programs assist these individuals, but the challenges associated with adequate funding continues. The aging network of professionals hopes to enhance quality of life and significantly address budgetary concerns by supporting seniors in their home and community and preventing premature institutionalization. This is accomplished through providing home health care, home-delivered meals and other supportive services.

**Wellness Activities:** It is increasingly important to help seniors maintain their health and educate them about programs that promote a healthy lifestyle. Quality lifestyles are important, and the Division, in cooperation with the State Department of Health, is working continually on "wellness" programs. These programs encourage adults in their 60's and younger to adopt lifestyles that emphasize healthy diets and exercise as a means of preventing or postponing future health problems and disease. The Division is a member of the Utah State Council on Health and Physical Activity, a group representing aging, health, community agencies and advocates. The Council's mission is to identify strategies for meeting the health, nutrition, and aerobic and strength training activities in ways that encourage independence and individual choice.

**Transportation:** Probably one of the most frequently mentioned needs of elderly seniors who are trying to remain independent is a reliable and accessible source of transportation. Circumstances change as people age, either by choice, environment or abilities. Some become unable to transport themselves to places for critically needed services. Social commitments and family obligations still remain an important aspect of a person's overall physical and mental well-being. Public transportation is often restricted to the urban areas of the state and is mostly directed to the needs of younger employed populations. Special transportation services provided for those with functional limitations have overly restrictive qualifying criteria and requires excessive paperwork to access and schedule service. The transportation program offered through Area Agencies on Aging suffers from a lack of adequate

vehicles, trained staff and drivers, funds for insurance, gasoline, repairs, frequency of trips, and accessibility. Transportation for medical appointments, shopping and other normal functions of independent living are often restricted to those in greatest need. Lack of adequate transportation can lead to social isolation and may result in depression and the need for medical attention. The current transportation service delivery system is not meeting today's needs nor is it equipped to meet the increased needs of a rapidly growing elderly population.

**Housing:** One of the most frequently stated desires of people as they age is the ability to reside in their own homes. It is currently estimated that approximately 90% of seniors over the age of 65 reside in their own homes. Many of these seniors, however, have one or more multiple functional limitations of daily living that necessitate a physical modification in the home to support their continued residence. More assistive devices and home modifications are needed to provide a safe environment, when it is medically feasible and safe for the senior to stay at home. In addition, access to an array of supportive services including home-delivered meals, homemaker chores, and personal care are needed to allow them to remain at home.

For those seniors who are not physically able to remain in their own homes, alternative living arrangements including group homes, supportive boarding homes and assisted living facilities are preferred and are more economical than being cared for in a nursing facility. Unfortunately such alternative group living arrangements are either too costly for a significant number of seniors, not in accordance with prevailing zoning or state rules, or not available within the community. Keeping seniors at home and in the community requires affordable and adequate housing as well as creative types of housing for seniors who are not able to remain in traditional living facilities.

**Employment:** An emerging issue in our society is the need to provide employment for seniors who were previously considered ready for retirement. The economics of many older citizens make it necessary for them to continue working to support themselves. Many will not have pensions. Also, the majority of these individuals will be healthy enough to continue working and may choose to do so for other than financial reasons. Employment provides motivation to maintain social contacts and to stay involved in meaningful activities. In addition, the current labor shortage almost mandates that older persons return to the workforce to satisfy the demand for skilled, seasoned workers.

**Information/Referral - Access to Information:** The lack of current, comprehensive and easily accessed information about services can effectively deny a senior the opportunity to remain independent. While many entities purport to have information services available, there is no single source where a person may seek information about aging network services. Too often a senior citizen and/or a family member seeks assistance when a crisis occurs and immediate help is needed. Lack of a single entity that can either provide the information requested or knows where the information can be obtained often results in either no help being provided or a senior unnecessarily being placed in an overly restrictive setting. Current information systems need to be expanded and linked to other information centers, forming an information repository that can be easily accessed by the public.

**Long-Term Care Solutions:** While every effort is made in assisting seniors to remain independent, the Division recognizes that some will require care in a long-term setting. The Division has been a participant in the Utah Health Policy Commission's Long-Term Care Technical Advisory Group. Recommendations developed by the group include ideas for cost sharing, education and information, prevention efforts, and respect for the individual. The Division has also been participating in a Consumer Technical Advisory Group which is studying options for delivery of health care insurance, and consumer rights and responsibilities.

**Long-Term Care Ombudsman Program:** Many state programs, such as the Home and Community-Based Medicaid Aging Waiver Program and the Alternatives Program, provide alternatives to nursing home placement. However, over 10,000 Utahns live in skilled nursing facilities, assisted living facilities or other long-term care settings. For many individuals who have dementia, Parkinson's disease, heart disease or a combination of conditions, these facilities are the only alternative. The Long-Term Care Ombudsman Program acts solely on behalf of the frail elderly residents who live in these facilities. The Ombudsman program strives to solve problems and resolve complaints to increase the quality of life for the residents, and advocate for and protect the rights of this vulnerable population.

There has been a great increase in the number of assisted living facilities that have become available in the past few years, and many others are being built. On the Wasatch Front it is becoming more and more difficult for ombudsmen to make regular facility visits, conduct community education, and help with resident councils. Complaint investigations registered with the ombudsman program in FY 2000 totaled 3,576 statewide, a 400% increase since 1993, but the funding for ombudsman staffing has not increased. Investigations seem to demand most of the program's resources. The challenge is to complete all investigations without allowing this process to consume the entire program. Developing working relationships with facilities and residents through training and regular visits has suffered with this increased complaint load. More systemic and prevention advocacy is essential to a good program. This includes educating the public, monitoring regulators and improving oversight, supporting legislation as well as other interventions that enhance the overall quality of care in nursing homes and other long-term care facilities.

## **ORGANIZATIONAL STRUCTURE**

The Division has the responsibility to administer, deliver and monitor services to aging and disabled adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

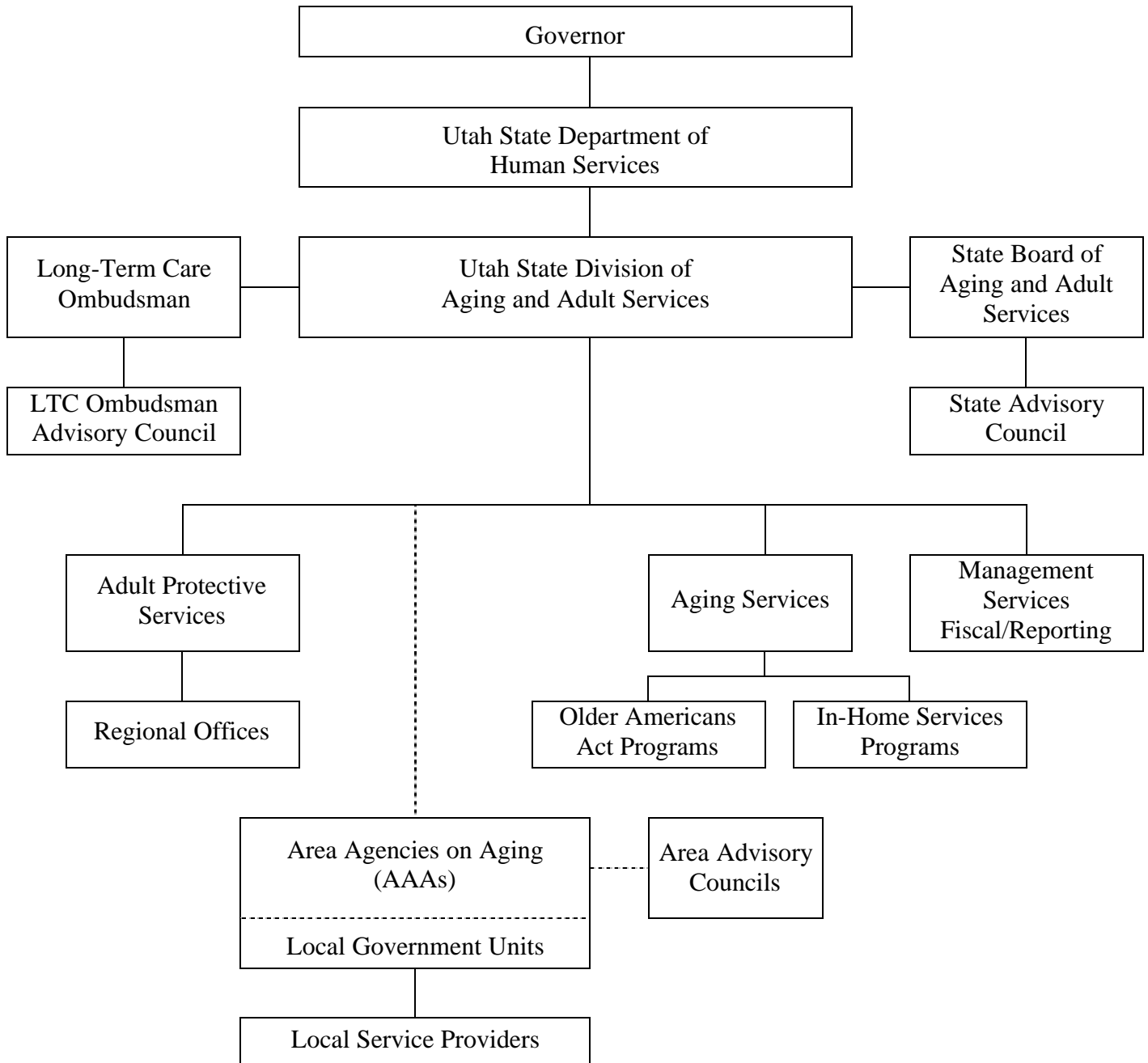
The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act, and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local Area Agencies on Aging through contracts from the State Division of Aging and Adult Services.

The Adult Protective Services Program is mandated by state law to investigate all cases of reported abuse, neglect or exploitation of disabled adults. The program also offers services designed to protect abused, neglected, or exploited disabled adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of the Division of Aging and Adult Services.



**Chart 1: UTAH STATE DIVISION OF AGING AND ADULT SERVICES**

## **Organizational Chart**



## **ADMINISTRATION**

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the Governor and confirmed by the State Senate. The State Advisory Council on Aging Services, composed of seniors and advocates for seniors, identifies and studies issues related to aging services, and reports its findings and recommendations to the Board and the Division.

## **SERVICE DELIVERY**

### **Aging Programs**

The Division contracts with units of local government or Associations of Governments to operate Area Agencies on Aging (AAA). A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including homemaker, personal care, home health care, and Medicaid Home and Community-Based Aging Waiver. Several other services are available as set by local priorities. A list of AAAs is located on page 25.

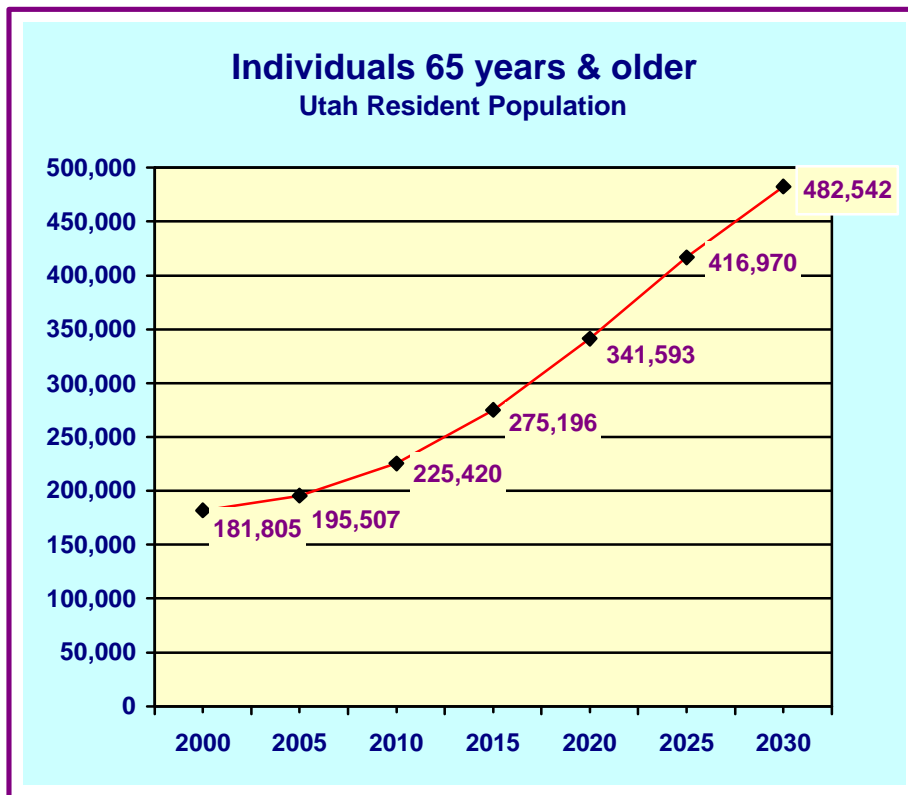
### **Adult Protective Services**

The Division of Aging and Adult Services is responsible for the administration of Adult Protective Service Programs (APS). Within the administrative structure of the Division, there is an Associate Director of Adult Services who has statewide administrative responsibility for the program. Adult Protective Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on page 27.

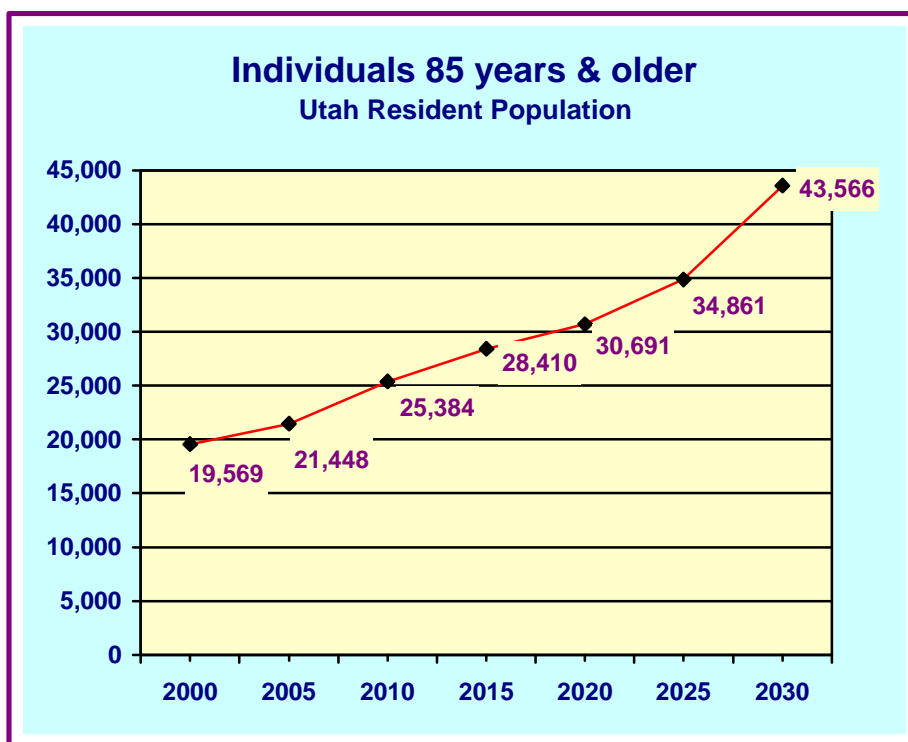
## **I. AGING SERVICES**

### **A. Youngest State Grows Older**

Utah continues as the nation's "youngest state." Its median age of 26 years is eight years younger than the U.S. median of 34. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by **165%** between 2000 and 2030. The actual population numbers are 181,805 in 2000 to an estimated 482,542 in 2030. In addition, the 85+ population in Utah will increase by **123%** between 2000 and 2030. The actual population numbers are 19,569 in 2000 and are estimated to be 43,566 in 2030.



The fastest-growing age group:



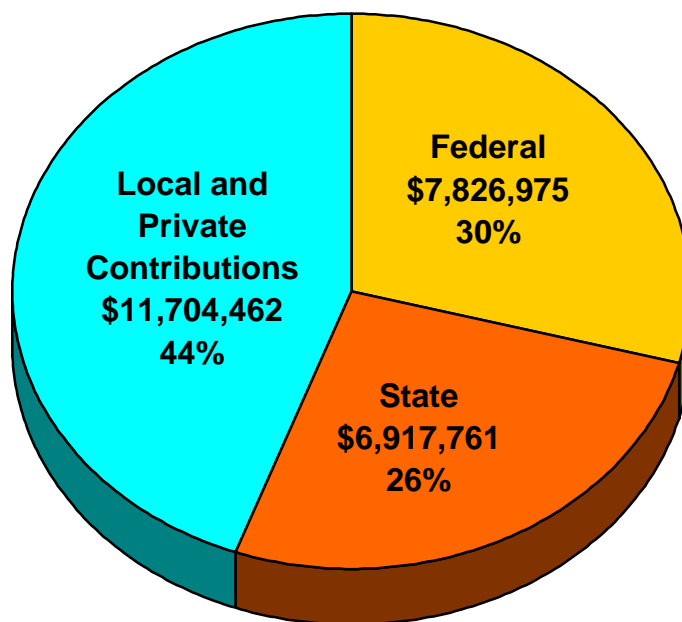
Source: Demographic & Economic Analysis, Governor's Office of Planning & Budget, 2000

The “baby boomer” cohort, those born between 1946 and 1964, will dramatically increase the 60+ population group by 2006. The projected annual increase of the 60+ group starting in 2006 will be three times the increase observed between 1993 and 2006.

## **B. Funding Aging Services Programs**

There is a variety of funding sources for the programs administered by the Division’s Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major entities contributes. The federal share is received through allocations authorized by the Older Americans Act. State funds are appropriated by the Utah Legislature, with local funding provided by the counties, private contributions, and from the collection of fees.

### **Aging Services - Fiscal Year 2000** Expenditures by Funding Source



*Source: Utah Division of Aging and Adult Services, November 2000 (Total: \$26,449,199)*

## **C. Review of Aging Program Fiscal Year 2000 Activities**

The Division of Aging and Adult Services was created as Utah’s State Unit on Aging in compliance with the Older Americans Act. By State statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah’s seniors and protect them from abuse, neglect, or exploitation. The programs and services offered to Utah’s elderly receive county, state, and federal funds.

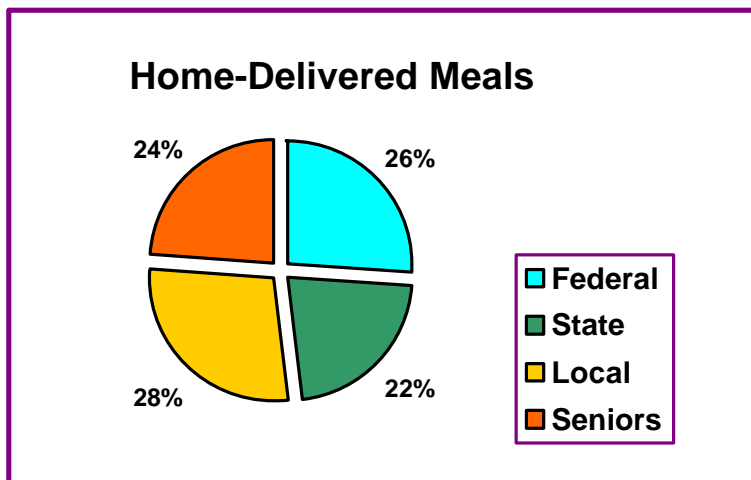
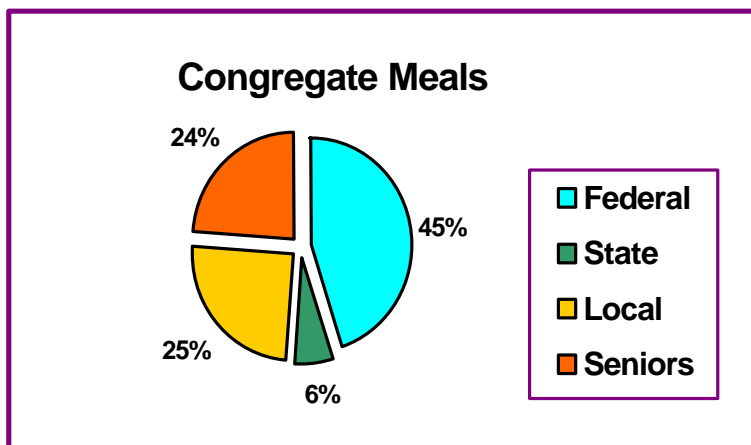
The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the problems created by the aging process.

## 1. Nutrition

Good nutrition for all ages is central to good health and fitness, but it is crucial as seniors age and physical capacity declines. Research shows that when seniors do not eat nutritionally well-balanced diets they often display symptoms similar to those of serious disease or illness, which may result in costly and often unnecessary treatment. To contribute to good health and reduce the problems associated with misdiagnosis, a nutrition program has become a central part of the Division of Aging and Adult Services' delivery system. The Nutrition Program consists of nutrition screening and assessment, home-delivered meals, congregate meals, and nutrition education. In 2000, these programs served 30,511 seniors who received meals that were aimed at enabling them to remain at home and in their community.

The power of good nutrition can help seniors keep their independence. Poor nutrition and poor intake of water and other fluids (hydration) are the leading causes of morbidity and mortality in the elderly population. Good nutrition and hydration leads to fewer illnesses, fewer post surgery complications, shorter hospital stays and less money spent on medications.

The following charts show how the Aging Services' congregate and home-delivered meals programs were funded during Fiscal Year 2000.



**a. Congregate Meals**

The congregate meal program provides one meal a day that meets 33~~a~~% of the recommended dietary requirements for elderly Utahns at approximately 100 meal sites across the state.

These meals are made available to individuals age 60 and over. A confidential donation is encouraged. The suggested donation amount is established by the local Area Agencies on Aging. These donations equaled 24% of the total budget in FY 2000 and are used to enhance the congregate meals program.

<b>Congregate Meals</b>	
<b>Fiscal Year 2000</b>	
• Undupl. persons served:	22,498
• Meals served:	928,908
• Total expenditures:	\$4,363,548
• Donations by seniors:	\$1,041,070
• Average cost per meal:	\$4.70

**b. Home-Delivered Meals**

The home-delivered meals program provides one meal a day that meets 33~~a~~% of the recommended dietary requirements for elderly Utahns who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves. Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit this to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure consistent delivery of nutritious meals. Clients may know when and where a meal is, three times a day and seven days a week, whether it comes from private resources or other community assistance. Donations in an amount set by the local Area Agencies on Aging Advisory Councils are encouraged and go directly to the home-delivered meals program. In FY 2000, donations to the program accounted for 24% of the total budget. Due to funding limitations, there are still unserved and underserved areas of the state.

<b>Home-Delivered Meals</b>	
<b>Fiscal Year 2000</b>	
• Undupl. persons served:	8,013
• Meals served:	998,877
• Total expenditures:	\$5,325,592
• Donations by seniors:	\$1,255,115
• Average cost per meal:	\$5.33

The following profile of home-delivered meal recipients gives some idea of who the participants are and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The home-delivered meals program helps meet the needs of these individuals. An increasing demand for this service is expected.

<b>Typical Home-Delivered Meal Recipient</b>	
• Age	70% are 75 years of age or older. 40% are 85 years of age or older.
• Female	75%
• Lives alone	95% Requires assistance with ADL's*
• Receives 24 meals per month	
• 1/3 of the recipients require special diets (low sodium, high protein low fat, etc.)	
* ADL = Activities of Daily Living	

## 2. The Alternatives Program

During FY 2000, the state-funded Alternatives Program assisted 1,203 Utah seniors in receiving services that enabled them to remain in their own homes. If these services were not available, these seniors who have health, mobility or functional limitations would require placement in a long-term care facility in the near future. The program makes a wide variety of in-home services available to adults, based on the case managers' assessment of their needs. The program provides services that are normally not available from other sources. Clients must meet income and eligibility guidelines to receive services. Any fees assessed are based on the individual's ability to pay.

Services include, but are not limited to, case management, homemaker, personal care, home health aide, skilled nursing, respite care, special equipment, and other services necessary for individuals to remain in their own homes. Funding limitations and lack of providers restrict the range of services available in Utah. The following chart profiles the utilization of services under this program in FY 2000.

<b>The Alternatives Program</b>			
• Homemaker	37%	• Individuals Served:	1,203
• Personal Care	36%	• Expenditures: State Funds:	\$3,312,319
• Home Health Aide	27%	Fees:	79,331
• Other		Local Funds:	294,867
-Registered Nurse		• Average Annual Cost per Client:	\$3,064
-Respite		Age of Clients: Under 60:	14%
-Home-Delivered Meals		60 - 74:	22%
-Adult Day Care		74 - 84:	36%
-Transportation		85+:	28

### 3. Caregiver Respite Program

Providing care to a frail, sick, or incapacitated adult or elderly spouse, parent or adult child is a very demanding activity which, when combined with other activities in the caregiver's life, can be exhausting. At times, the demands on the caregiver become so great that the caregiver's physical and emotional health and well-being are seriously affected. This program is designed to give the primary caregiver some rest or relief from caregiving burdens and responsibilities. This enables the caregiver to continue performing caregiving activities for a longer period of time.

This state funded program is accessible through all 12 Area Agencies on Aging to assist caregivers who are in need of relief. It differs from other in-home services programs in that these services can only be intermittent and short-term. The program enables the caregiver, in consultation with the care coordinator, to obtain services such as adult day care, home health aide, homemaker, short-term institutional placement, medical equipment, supplies, etc., and any other service the caregiver identifies will provide relief and enable them to continue their caregiving duties.

<b>Caregiver Respite Program</b>	
<b>Fiscal Year 2000</b>	
• Total individuals served	223
• Expenditures: State funds:	\$353,838
Fees:	\$28,682
Local funds:	\$6,578
• Average annual cost per person	\$1,745
• Most frequently requested services:	
Home health aide	
Homemaker	
Adult day care	



#### 4. Home and Community-Based Medicaid Aging Waiver Program

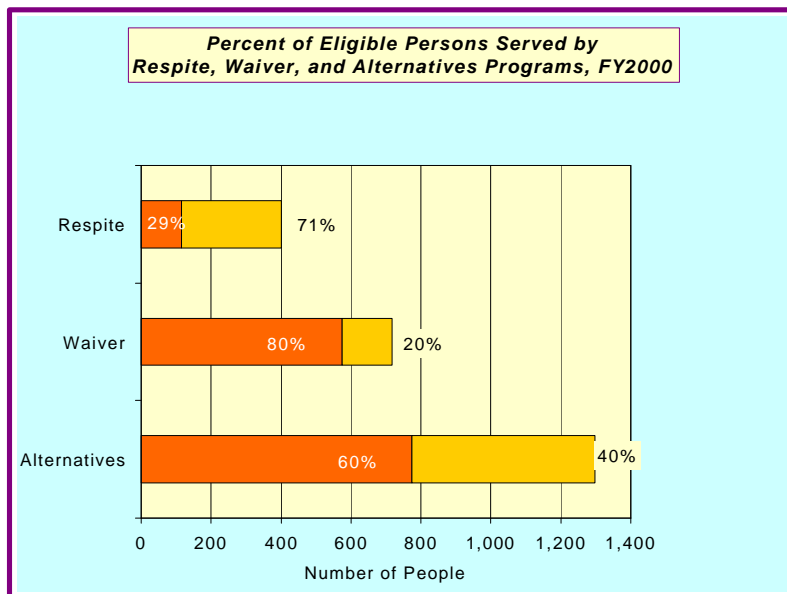
In FY 2000, Utah's Home and Community-Based Medicaid Aging Waiver (Waiver) program served 780 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in long term care facilities.

Home and Community-Based Medicaid Aging Waiver services are available to seniors age 65 and over who meet nursing home admission criteria and Medicaid financial eligibility criteria. Services provided to eligible seniors that enable them to remain at home include homemaker, adult day care, home health aide, home-delivered meals, non-medical transportation, etc.

The following chart profiles the utilization of services under this program in FY 2000.

Home and Community-Based Medicaid Aging Waiver	
<b>Services Provided:*</b>	
• Homemaker:	62%
• Home Health Aide:	45%
• Emergency Response:	59%
• Other (Home-Delivered Meals):	17%
• Adult Day Care:	8%
• Respite and Transportation:	29%
* Most clients receive several services, therefore the total exceeds 100%.	

Cost Data on the Waiver	
<b>Other Waiver Facts:</b>	
• Total individuals served:	780
• Total expenditures:	\$2,126,694
• Annual cost per client:	\$2,727



*Source: Division of Aging and Adult Services*

The chart above demonstrates the percentage of eligible clients receiving services in three programs as of June 30, 2000. The waiting list contains a list of individuals who have requested or their caregivers have requested assistance, and funding is the only factor why the individual on the list is not receiving services.

Approximately 80% of those eligible for the Waiver program and 60% of those eligible for the Alternatives program were served during FY 2000. A much lower percentage (29%) of those seeking respite care was served. Inadequate funding was the reason additional individuals could not receive respite services.

## 5. Older Americans Act Optional Services

Older Americans Act (OAA) funds are used to provide a wide variety of services that enable Utah's seniors to maintain their independence. Remaining at home in a community with which they are familiar is a high priority for Utah's seniors. When the aging process limits their ability to perform the tasks necessary to live independently, outside assistance is requested. With funds available from the Older Americans Act in the categories of access, legal, in-home and optional services, the Area Agencies on Aging provide services aimed at helping families and caregivers maintain seniors in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The Area Agencies on Aging also assist seniors with chores that are difficult or impossible for some to do for themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems which homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to

public transportation services. The following chart illustrates how these optional services have been used by Utah's seniors during the 2000 fiscal year.

<b>Summary of Optional Services Provided Under Titles III-B, III-D and III-F</b>	
<b>Service</b>	<b>Units</b>
• Information and Referral	115,421
• Outreach	9,095
• Transportation	228,152
• Assisted Transportation	9,198
• Legal Assistance	4,000
• Case Management	4,274
• Chore Maintenance	11,160
• Homemaker/Housekeeping	82,741
• Personal Care/Home Health Aide	9,535
• Education and Training	29,656
• Expenditures	\$1,426,846

## **6. Health Insurance Information Program**

The Health Insurance Information Program (HIIP), funded through the Federal Health Care Financing Administration, operates in every county in Utah to assist seniors in understanding the complex billing nature of Medicare/Medicaid and supplemental insurance programs. The HIIP Program, by design, is operated at the local level with 89 volunteers statewide. The Division provides training and technical assistance to local staff and volunteers in cooperation with the Area Agencies on Aging.

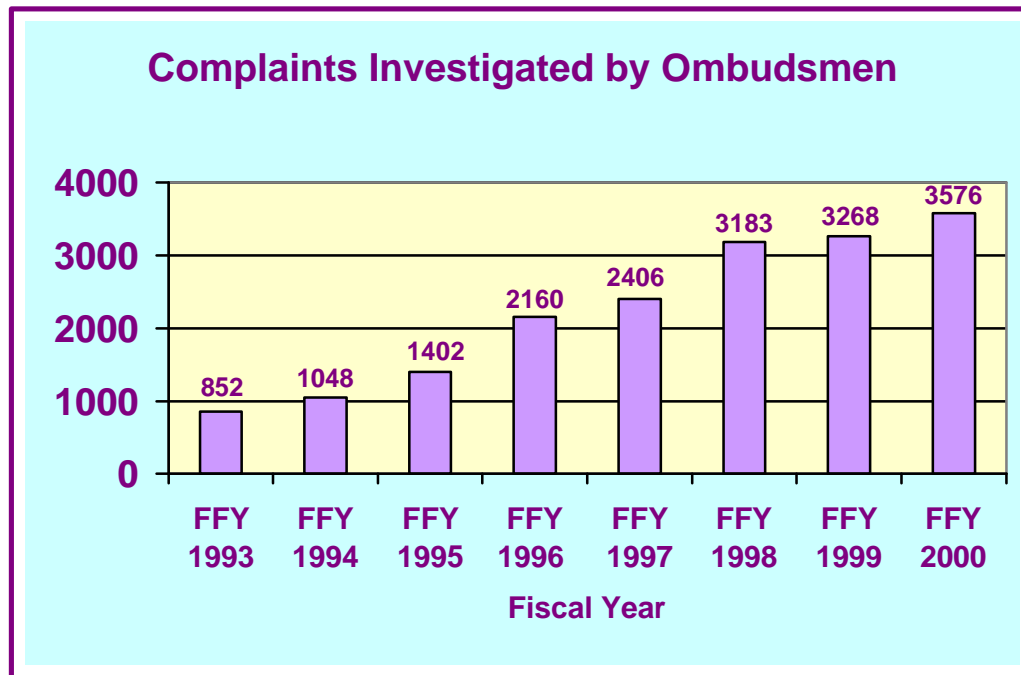
The program coordinates with many allied agencies such as the State Insurance Commission, Social Security Administration, Division of Health Care Finance, Medicaid, Office of Family Support, etc., to provide information needed by Utah's seniors. During FY 2000, approximately 14,415 individuals obtained assistance from this program.

The HIIP program launched its web page late in the fiscal year. During the first month that the site became active, 143 individuals accessed the web site.

## **7. The State Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsmen are advocates for frail and vulnerable older individuals who live in nursing care facilities, assisted living facilities, small health care facilities and adult foster care homes. Ombudsmen investigate and resolve complaints concerning care, treatment and residents' rights.

While Utah provides an array of services that often allow frail individuals to remain in their homes, over 10,000 Utahns have care needs which are so significant that receiving care at home is not possible. Ombudsmen are committed to helping these people whose choices are severely limited and who have limited control over their environment.



A full-time State Ombudsman housed at the Division of Aging and Adult Services serves as the coordinator of the program. Local Long-Term Care Ombudsmen in each of the Area Agencies on Aging are responsible for the investigation of complaints in their local areas. There are only six full-time-equivalent positions and 15 volunteers on the local level to respond to the increasing volume of complaints from the public (see graph). Many of these concerns are very complicated. This program works very hard to resolve or partially resolve the concerns of residents and families. There has been a 400% increase in the number of complaints investigated since 1993.

The most common complaint categories continue to be residents' rights, resident care and quality of life. The unavailability of staff or lack of properly trained staff in nursing facilities seems to be a common thread throughout these three categories.

## **8. Title V: Senior Community Service Employment Program (SCSEP)**

Title V of the Older Americans Act provides funding for subsidized part-time employment and training opportunities for low-income persons age 55 and older. Most participants enter the program due to barriers which interfered with their ability to acquire the employment they were seeking. The most significant barriers that persons in the program face are age, gender, lack of job history, and below seventh-grade math and reading skills. Emphasis is placed on providing training and on the job experience as a transition into unsubsidized employment. The following charts summarize activities of the SCSEP Program and present a profile of clients being served.

<b>Senior Community Service Employment Program</b>	
• Persons served	163
• Persons placed in unsubsidized employment	47
• Expenditures	\$581,640
• Annual cost per enrollee	\$ 3,568

<b>The Average Title V Enrollee</b>	
• Age: 55 – 59	28 %
• Female	60 %
• High school graduate	41 %
• Annual income below poverty level of \$8,240	91 %
• Minimum Title V wage	\$5.15 per hr.

## 9. Comprehensive Elder Rights System

Older Utahns face a variety of legal issues every day, ranging from health care insurance problems to housing issues to end-of-life planning. The Division of Aging and Adult Services makes sure that there are legal assistance programs in place to help seniors protect their legal rights and maintain their autonomy and dignity.

The Older Americans Act recognizes legal and advocacy assistance as the core of a comprehensive elder rights system. Under Title IIIB of the Older Americans Act, federal funding is provided to the Utah State Division of Aging and Adult Services and the local Area Agencies on Aging, which contract with Utah Legal Services, Inc., a non-profit law firm, and some private attorneys. These legal services providers offer free legal help to older persons in civil matters, prioritizing those elders in greatest social and economic need. The most common types of cases that are generally handled on behalf of elderly clients include: denials or terminations of government benefits (such as Medicaid, Medicare, Social Security, SSI, Veterans Benefits), tenants rights and housing issues, guardianship and other protective arrangements, long-term care problems, and some consumer fraud issues.

In addition, the Division's Legal Services Developer provides leadership in expanding the quality and quantity of legal and advocacy assistance to ensure that there are adequate, effective, and high quality legal assistance services available to older persons in Utah. The Legal Services Developer coordinates with and provides technical assistance to the state's aging network staff (including long-term care ombudsmen and adult protective services workers), the local Area Agencies on Aging, legal services providers, the Utah State Bar, and community organizations. This assistance and coordination helps older citizens understand their legal rights, exercise choice, benefit from services

and opportunities authorized by law, maintain rights, in particular, rights of older persons with reduced capacity, plan ahead for possible illness and/or incapacity, solve disputes.

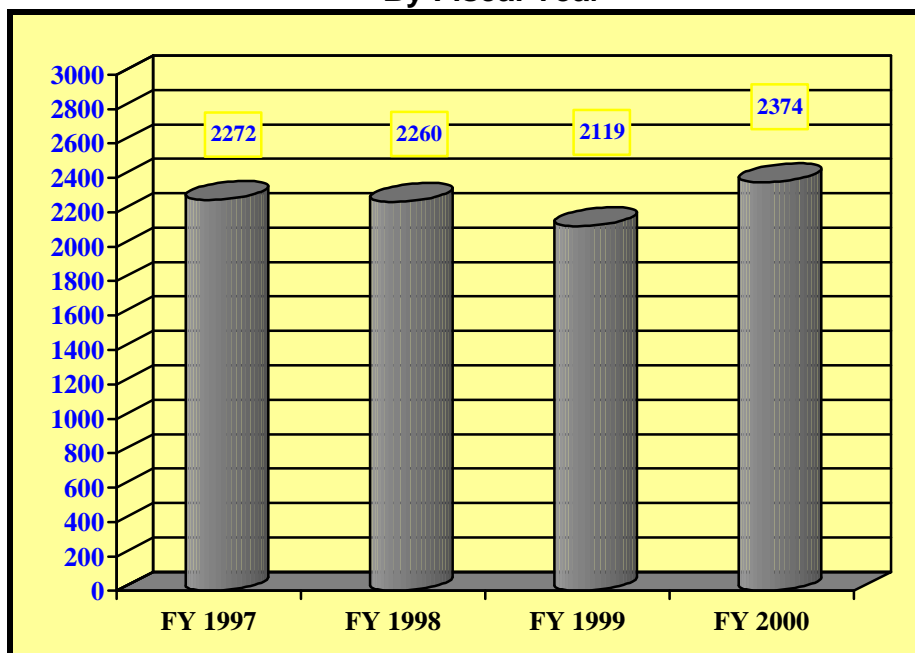
## II. ADULT PROTECTIVE SERVICES

Federal and state statutes require that disabled adults and the elderly be protected from abuse, neglect and exploitation. Adult Protective Services, within the Division of Aging and Adult Services, is mandated to investigate allegations of abuse, neglect and exploitation of any disabled or elder adult. Adult Protective Services' investigators are located throughout the state and intervene to stop the abuse, neglect and exploitation and provide services or referrals to disabled or elder adults for services which will protect them from further harm. Any person who has reason to believe that a disabled or elder adult is being abused, neglected or exploited is mandated by law to report their concerns to Adult Protective Services or law enforcement.

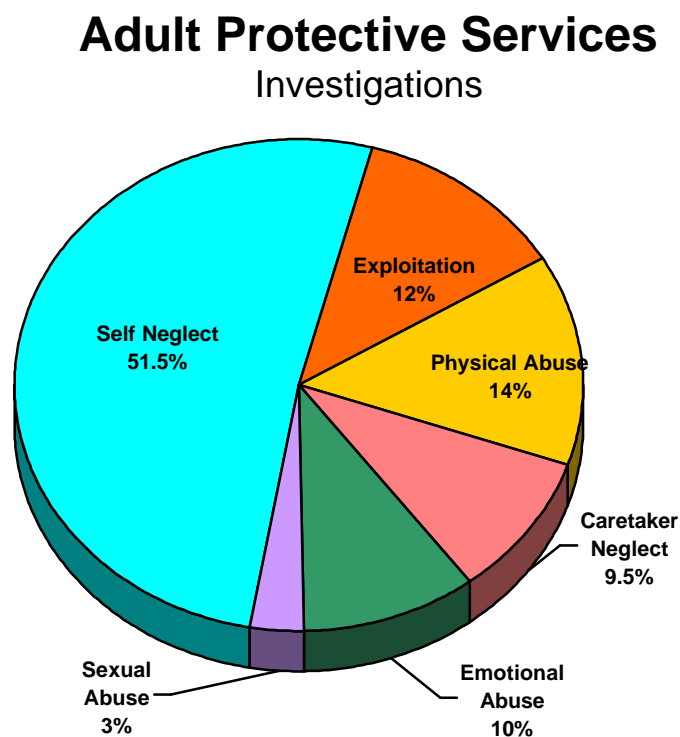
Participation in services provided by the Division through Adult Protective Services is voluntary on the part of the disabled or elder adult, unless mandated by a court order. Services provided to the disabled or elder adult are paid for by the person whenever possible. Most are referred to community programs for assistance. If there are no community services available, short-term services such as adult foster care, adult day care or protective payee services may be provided by Adult Protective Services. Adult Protective Services coordinates and cooperates with other agencies and families, and encourages the elder or disabled adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

Abuse, neglect and exploitation of the disabled and elderly continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services since 1997.

**Adult Protective Services Investigations  
By Fiscal Year**



The following chart shows the Division's fiscal year 2000 Adult Protective Services investigations by type of validated referral.



#### A. Investigation

Utah has a mandatory reporting law that requires anyone who suspects that abuse, neglect or exploitation of a disabled or elder adult is occurring to report the situation to either law enforcement or the local Adult Protective Services Office. Upon receipt of a report of suspected abuse, neglect or exploitation of a disabled or elder adult, statute requires that Adult Protective Services conduct an investigation to determine the validity of the allegations. If it is determined that abuse, neglect or exploitation has occurred, the Adult Protective Service worker will assess the situation and recommend a course of action that will protect the individual from further abuse. State statute requires that law enforcement conduct an investigation on identified perpetrators and file criminal charges when the evidence supports that action.

The following charts illustrate a profile of the Adult Protective Services clients and perpetrators.

<b>Typical Adult Protective Services Client</b>	
• Age: 70 – 79	23.2%
80 – 89	24.6%
• Female	62.5%
• Self Neglecting	51.5%
• Lives In Own Home	66.4%
• Referrals Validated	28.9%
• Prior Referral	33.6%

<b>Perpetrators</b>	
• Age: 18 – 29	18.0%
30 – 39	26.6%
40 – 49	21.9%
50 – 59	13.3%
• Relationship To Victim:	
Family Member/Relative	56.0%
Unrelated Non-Caregiver	17.7%
Paid Caregiver/Non-Relative	26.3%

## **B. Adult Day Care**

Adult Day Care provides care for disabled and elderly adults needing supervision, socialization, or recreation during the daytime. Adult Day Care provides a safe place for families to place their relatives as respite or while they work. Day care is an especially important program for Alzheimer's victims and their families.

• <b>Persons Served</b>	<b>41</b>
• <b>Daily Rate</b>	<b>\$29.00</b>
• <b>Expenditures</b>	<b>\$159,347</b>



### **C. Adult Foster Care**

Adult Foster Care provides family-based care for disabled adults and elderly who are unable to live independently due to mental, emotional, and/or physical impairments. Adults are placed with families having similar interests and lifestyles. The client can pay the provider directly for room and board from their income or the Division approves the families as meeting the foster home standards and pays them a service fee to cover the cost of supervision and care.

• Persons Served	18
• Expenditures	\$40,575

### **D. Family Support Services**

Family Support Services provides payments to increase the capabilities of families to care for eligible Adult Protective Services clients in a family setting when no other services are available. These services are intended to maintain the individual in a family member's home and prevent premature institutionalization and may include, but are not limited to, respite care, transportation, supervision, shopping and equipment purchases.

• Persons Served	18
• Expenditures	\$25,029

### **E. Emergency Protective Payments**

Emergency Protective Payments are issued to eligible individuals in emergency situations to provide for essential life-sustaining needs. Payments are intended to assist the client in avoiding a situation that could lead to a protective need or premature institutionalization and include services such as emergency shelter, utilities, and clothing. When feasible, the client repays the funds received.

• Persons Served	50
• Expenditures	\$11,060

Utah Department Of Human Services  
**Division Of Aging And Adult Services**  
120 North 200 West, Room 325, Salt Lake City, Utah 84103  
Phone: (801) 538-3910 Fax: (801) 538-4395

**Director:**  
Helen Goddard  
E-Mail: hgoddard@hs.state.ut.us

**Assistant Director:**  
Sheldon Elman  
E-Mail: selman@hs.state.ut.us

**Associate Director:**  
Ron Stromberg  
E-Mail: rstrombe@hs.state.ut.us

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## Designated Area Agencies on Aging

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October 30, 2000

**DISTRICT I:** Box Elder, Cache, Rich  
**Bear River Area Agency on Aging**  
Roger Jones, Director  
Michelle Benson, Aging Svcs. Dir.  
170 North Main  
Logan, UT 84321  
Phone: (435) 752-7242  
Fax: (435) 752-6962  
E-Mail: roger@brag.dst.ut.us  
Michelles@brag.dst.ut.us

**DISTRICT IIA:** Morgan, Weber  
**Weber Human Services**  
Harold Morrill, Director  
237 26<sup>th</sup> Street  
Ogden, UT 84401  
Phone: (801) 625-3656  
Fax: (801) 625-3847  
E-Mail: haroldm@weberhs.org

**Weber Area Agency on Aging**  
Kelly VanNoy, Associate Director  
237 26<sup>th</sup> Street, Suite 320  
Ogden, UT 84401  
Phone: (801) 625-3771  
Fax: (801) 778-6830  
E-Mail: kellyv@weberhs.org

**DISTRICT IIB:** Salt Lake  
**Salt Lake County Aging Services**  
Shauna O'Neil, Director  
2001 South State, #S1500  
Salt Lake City, UT 84190-2300  
**Outreach: (801) 468-2480**  
Phone: (801) 468-2454  
Fax: (801) 468-2852  
E-Mail: soneil@co.slc.ut.us

**DISTRICT IIC:** Davis  
**Davis County Council on Aging**  
Joyce P. Smith, Director  
Courthouse Annex  
50 East State (P. O. Box 618)  
Farmington, UT 84025  
Phone: (801) 451-3370; 451-3377  
Fax: (801) 451-3434  
E-Mail: joyce@co.davis.ut.us

**DISTRICT IIT:** Tooele  
**Tooele Co. Div. of Aging and Adult Services**  
Butch Dymock, Director  
59 East Vine Street  
Tooele, UT 84074  
Phone: (435) 882-2870  
Fax: (435) 882-6971  
E-Mail: bdymock@co.tooele.ut.us

**DISTRICT III:** Summit, Utah, Wasatch  
**Mountainland Dept. of Aging and Adult Services**  
Ted Livingston, Director  
586 East 800 North  
Orem, UT 84097  
Phone: (801) 229-3805  
Fax: (801) 229-3801  
Website: www.mountainland.state.ut.us  
E-Mail: tlivingston@mtnland.state.ut.us  
E-mail from outside State system:  
Mtnland.tlivingston.mountainland.org

**DISTRICT IV:** Juab, Millard, Piute,  
Sanpete, Sevier, Wayne  
**Six-County Area Agency on Aging**  
Ross Bumgardner, Director  
250 North Main, Room 5  
(P. O. Box 820)  
Richfield, UT 84701  
Phone: (435) 896-9222  
Fax: (435) 896-6951  
E-Mail: rbumgard@state.ut.us

**DISTRICT V:** Beaver, Garfield, Iron,  
Kane, Washington  
**Five-County Area Agency on Aging**  
Bob Rasmussen, Director  
906 North 1400 West  
(P. O. Box 1550, ZIP 84770)  
St. George, UT 84771  
Phones: (435) 673-3548 (St George)  
(435) 586-2975 (Cedar City)  
(435) 676-2281 (Panguitch)  
Fax: (435) 673-3540  
E-Mail: brasmussen@fcaog.state.ut.us

**DISTRICT VIA:** Daggett, Duchesne  
**Uintah Basin Area Agency on Aging**  
Diana Jenson, Director  
855 East 200 North (112-3)  
Roosevelt, UT 84066  
Phone: (435) 722-4518  
Fax: (435) 722-4890  
E-Mail: dianaj@ubtanet.com

**DISTRICT VIC:** Uintah County  
**Uintah County Area Agency on Aging**  
Joan Janes, Director  
155 South 100 West  
Vernal, UT 84078  
Phone: (435) 789-2169  
Fax: (435) 789-2171  
E-Mail: jhjanas@usa.net

**DISTRICT VIIA:** Carbon, Emery, Grand  
**Southeastern Utah AAA**  
Maughan Guymon, Director  
375 South Carbon Avenue  
(P. O. Drawer 1106)  
Technical Assistance Center  
Price, UT 84501  
Phone: (435) 637-4268  
Fax: (435) 637-5448  
E-Mail: mguymon@seualg.dst.ut.us

**DISTRICT VIIB:** San Juan  
**San Juan County Area Agency on Aging**  
Rick Bailey, Director  
117 South Main (P. O. Box 9)  
Monticello, UT 84535-0009  
Phone: (435) 587-3225  
Fax: (435) 587-2447  
E-Mail: rbailey@state.ut.us  
Melissa Banks  
E-Mail: mbanks@state.ut.us

# Adult Protective Services - Regional Offices

**120 North 200 West, Room 325  
Salt Lake City, Utah 84103**

**Telephone: (801) 538-3910  
FAX: (801) 538-4395**

**Director:** C. Ronald Stromberg 538-4591  
**Manager, Support Services:** Jerry Callister 538-4592  
**Training Specialist:** Elizabeth Talley 538-4339  
**Secretary:** Jennifer Reese 538-4690

## To Make A Referral:

**Salt Lake County: 264-7669**  
**All Other Areas Of State: 1-800-371-7897**

<b><u>NORTH</u></b> Box Elder Cache Davis Morgan Rich Weber	Joan Heninger 2540 Washington Blvd 3rd Floor <b>Ogden, UT 84401</b> (801) 626-3385 FAX: 626-3153	2540 Washington Blvd. <b>Ogden, UT 84402</b> FAX: 626-3153  Counties: Weber Morgan	1350 East 1450 South <b>Clearfield, UT 84015</b> (801) 776-7300 FAX: 525-0392  County: Davis	1050 South 500 West <b>Brigham, UT 84302</b> (435) 734-4075 FAX: 734-4062  County: Box Elder	115 W. Golf Course Rd Suite B <b>Logan, UT 84321</b> (435) 787-3425 FAX: 787-3444  Counties: Cache Rich
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<b><u>CENTRAL</u></b> <b><u>Salt Lake</u></b> <b><u>Summit</u></b> <b><u>Tooele</u></b> <b><u>Wasatch</u></b>	Diane Stewart 645 E. 4500 South Salt Lake City UT 84107 (801) 264-7613 FAX: 268-5422	645 E. 4500 South <b>Salt Lake City, UT 84107</b> (801) 264-7669 FAX: 268-5422	1764 Prospector PO Box 680247 <b>Park City, UT 84068</b> (435) 649-6018 FAX: 649-0351  Counties: Wasatch Summit	305 North Main <b>Tooele, UT 84074</b> (435) 833-7358 FAX: 833-7345	
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<b><u>SOUTH / EAST</u></b> Beaver Garfield Iron Juab Kane Millard Piute Sanpete Sevier Utah Washington Wayne Carbon Daggett Duchesne Emery Grand San Juan Uintah	Matt Lyman 835 East 300 North, Suite 700 <b>Richfield UT 84701</b> (435) 896-2792 FAX:	201 East 5th North Richfield, UT 84701 (435) 896-1290 FAX: 896-1260  Counties: Sevier Millard Sanpete Piute  Wayne  150 East Center Street Provo, UT 84606 (435) 363-7096 FAX: 374-7278  Counties: Utah Juab	106 North 100 East <b>Cedar City, UT 84720</b> (435) 865-5672 FAX: 865-5666  Counties: Iron Beaver Garfield  140 West 425 South (330-15) <b>Roosevelt, UT 84066</b> (435) 722-6551 FAX: 722-6566  Counties: Daggett Uintah Duchesne	168 North 100 East <b>ST. George, UT 84770</b> (435) 674-3856 or (435) 674-3847 FAX: (435) 674-3939  Counties: Washington Kane  475 W Price River Drive Suite #262 <b>Price, UT 84501</b> (435) 636-2394 FAX: 636-2397  Counties: Carbon Emery	1165 So. Highway 191 Suite #1 <b>Moab UT 84532</b> (435) 259-3909 x122 FAX: 259-7521  Counties: Grand San Juan
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December 8, 2000